

## PART B - FEE(S) TRANSMITTAL

Complete and submit this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450  
or **Fax** (571)-273-2885

**INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Julie K. Emerson	(Depositor's name)
<i>Julie K. Emerson</i>	(Signature)
12-26-2007	(Date)

490 7590 09/25/2007  
VIDAS, ARRETT & STEINKRAUS, P.A.  
SUITE 400, 6640 SHADY OAK ROAD  
12/EDEN PRAIRIE, MN 55344  
12/EDEN PRAIRIE, MN 55344 00000002 220350 10622624

01 FC:1501 1440.00 DA  
02 FC:1504 300.00 DA

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/622,624	07/18/2003	Nie Tang	S63.2-10886-US01	2643

TITLE OF INVENTION: PROTECTIVE COATINGS FOR MEDICAL DEVICES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400 1440.00	\$300	\$0	\$1700 1740.00	12/26/2007
EXAMINER	ART UNIT	CLASS-SUBCLASS				
TRUONG, KEVIN THAO	3734	606-192000				

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☒ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

- 1 VIDAS, ARRETT &  
2 STEINKRAUS, P.A.  
3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

(A) NAME OF ASSIGNEE

BOSTON SCIENTIFIC SCIMED, INCC

MAPLE GROVE, MINNESOTA

Check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

The following fee(s) are submitted:

- ☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
☐ Advance Order - # of Copies

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

- ☐ A check is enclosed.  
☐ Payment by credit card. Form PTO-2038 is attached.  
☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 220350 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(e)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

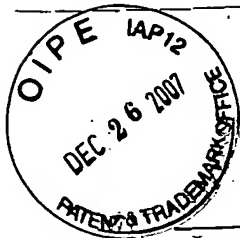
Typed or printed name James M. Urzedowski

Date 12/26/07

Registration No. 48596

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 21450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Nie Tang and Daniel Horn  
Application No.: 10/622624  
Filed: July 18, 2003  
For: PROTECTIVE COATINGS FOR MEDICAL DEVICES  
  
Examiner: K. T. Truong  
Group Art Unit: 3734  
Firm Docket No.: S63.2B-10886-US01

## MAIL STOP ISSUE FEE

DATE: December 26, 2007TIME: 11:40FACSIMILE NO.: 1-571-273-2885TOTAL NUMBER OF PAGES (including transmittal letter): 4

## FACSIMILE TRANSMITTAL LETTER

Following please find a(n) 1 pg PTO-085 document for paying issue fees, duplicate of same, Fee Address Indication Form, and 1 page Facsimile Transmittal Letter.

With respect to fees:

☐ No additional fee is believed to be required☒ Charge \$1740.00 fee to our Deposit Account No. 22-0350

## Conditional Petition

If any extension of time for the accompanying response is required or if a petition for any other matter is required, applicant requests that this be considered a petition therefore.

If any additional fees associated with this communication are required and have not otherwise been paid, please charge the additional fees to Deposit Account No. 22-0350. Please credit overpayment associated with this communication to the Deposit Account No. 22-0350.

Respectfully submitted,  
VIDAS, ARRETT & STEINKRAUS

Date: December 26, 2007By: 

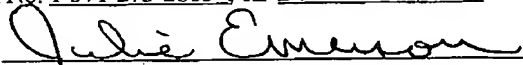
James M. Urzedowski  
Registration No.: 48596

6640 Shady Oak Dr., Suite 400  
Eden Prairie, MN 55344-7834  
Telephone: (952) 563-3000  
Facsimile: (952) 563-3001 or (952) 563-3009

f:\wpwork\jmu\10886us01\_tra\_20071226.doc

## Certificate of Transmission

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office, Fax No. 1-571-273-2885, on December 26, 2007.

Signature: 

Julie Emerson